

# **COMMUNITY CARE LICENSING DIVISION**

*" Promoting Healthy, Safe and  
Supportive Community Care "*

## **TECHNICAL SUPPORT PROGRAM**

### **Self-Assessment Guide**

## **ADULT DAY CARE FACILITY ADMINISTRATIVE ASSESSMENT**



**CDSS**

CALIFORNIA  
DEPARTMENT OF  
SOCIAL SERVICES

**TECHNICAL SUPPORT PROGRAM  
ADULT DAY CARE FACILITY  
ADMINISTRATIVE ASSESSMENT**

The administrative assessment tool is designed to assist licensees and facility staff to perform periodic self-assessments of a facility's operation. The assessment is comprised of some of the most common deficiencies noted by Licensing Program Analysts during their evaluation visits. It is not an exhaustive list or a full summary of regulations relating to the operation of facilities. ***It cannot be used as a substitute for having a good working knowledge of the regulations.***

These items summarize regulations and other conditions, which commonly lead to citation. For that reason, licensees should refer to the referenced regulation(s) for complete information on requirements. Items contained in this tool which have an asterisk (\*) are not required by licensing regulation. They are, however, recommended practices that can assist licensees to avoid situations which may lead to violations.

The assessment should be used periodically to review the facility's performance in a variety of areas to identify and correct deficiencies and to identify areas of weakness in the facility's operation and staff training needs. It can also be used as a training tool to familiarize staff with basic Licensing requirements. Facilities may wish to add items to the form which have historically been problem areas for their operations or to implement program standards that exceed Licensing requirements.

**MEDICATIONS**

**MET**      **NOT MET**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | All centrally stored medications including over-the-counter medicines and medications stored in the refrigerator are locked. 80075 (n)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Medications are maintained in compliance with label instructions. (Room temperature, refrigerated, etc.) 80075(n)(3)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There are no expired medications including over-the-counter medicines. 80075(o)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | There are no medications for former clients in the facility. 80075(o)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | There are no permanently discontinued medications in the facility. 80075(o)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Each centrally stored prescription medication has been logged in a centrally stored medication record. 80075(n)(7)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Destroyed prescription medications are logged in a centrally stored medication and destruction record. 80075(o)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Clients are assisted with medications according to label/physician instructions. 80075(a)(2)  |

## **MEDICATIONS**

(Continued)

### **MET      NOT MET**

- |                          |                          |       |  |
|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 9.    | Each client's file contains documentation from the client's physician that the client can determine and communicate his/her need for prescription and nonprescription PRN medication and the physician has provided written instructions for its use. 80075(b)(e)<br><b><u>OR</u></b><br>For nonprescription PRN medication only, each client's file contains documentation from the client's physician that the client cannot determine his/her need but can clearly communicate his/her symptoms and the physician has provided written instructions for its use. 80075(c)(e)<br><b><u>OR</u></b><br>For prescription and nonprescription PRN medication, when the client is unable to determine his/her own need for the medication and is unable to clearly communicate his/her symptoms, facility staff contact the client's physician before each dose is given and receive instruction. 80075(d)(e) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.   | Medication labels for centrally stored medications are not altered. 80075(n)(4)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11.   | Documentation is on file that the physician is aware of all over-the-counter medications the client is taking. 80070(b)(10)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12.   | Syringes and needles are immediately discarded into an appropriate container (i.e., a container for sharps), and the container is kept locked and inaccessible to clients. 80092.8(a)(5)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13.   | Medications are stored in their original container and not transferred between containers. 80075(n)(5)(6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. * | Documentation is on file indicating the doctor and/or the authorized representative has been contacted when clients refuse medications.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. * | There are enough medications left in each bottle to order a refill before the current supply runs out.   |

## **PHYSICAL PLANT** **GENERAL**

### **MET      NOT MET**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Walls and ceilings are clean and in good repair. 80087(a)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Paint/wallpaper is in good condition. 80087(a)                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Windows and curtains/blinds are in good condition and operate properly. 80087(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Floors and floor coverings are clean and in good repair. 80087(a)                |

**PHYSICAL PLANT**  
**GENERAL**  
(Continued)

**MET**      **NOT MET**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Doors are in good condition and operate properly. 80087(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Equipment and supplies are not stored in areas used by clients. 80087(e)(1)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Smoke detectors operate properly and fire extinguishers are properly charged. 80087(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Furniture and fixtures are in good repair. 80087(a)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Disinfectants, cleaning solutions and items that could pose a danger to clients are inaccessible. Locking is recommended to ensure inaccessibility. 80087(h)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Firearms, poisons and dangerous weapons are locked. Trigger locks or removing firing pins are acceptable for firearm(s). Ammunition must be stored and locked separately from the firearm(s). 80087(h)(1-3)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Handrails are securely fastened. 80087(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Buildings and grounds are free from hazards. (e.g., broken glass, exposed electrical wiring, protruding nails, etc.) 80087(a)(b)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Passageways, stairways and doors are not blocked or obstructed. 80087(c)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Rooms are clean, safe, sanitary and free of odors. 80087(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Room temperature is a minimum of 68 degrees and a maximum of 85 degrees. (In extreme heat, maximum temperature is 30 degrees less than outside.) 80088(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Pools and other bodies of water are made inaccessible to clients with physical handicaps, mental disorders or developmental disabilities through fencing at least five feet high and self-closing, self-latching gates or covers that can support the weight of an adult. 80087(f) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Facility is free of flies and other insects. 80087(a)(1)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Office space for private interviews is available. 82087(b)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Rooms or areas for rest are available. 82087(c)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Outdoor activity space with shade and protected from traffic is available. 82087.2(a)(b)(1)(2)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. There is space available for storage of staff and clients' personal belongings and facility equipment and supplies. 82087.4  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Drinking water is available at all times. 82088.2(a)   |

## **BATHROOMS**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Hot water is 105 - 120 degrees Fahrenheit. 80088(e)(1)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Sinks, tubs, toilets and showers are clean and operate properly. 80088(e)(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Towels and washcloths are not shared. 82088(c)                               |

## **FOOD SERVICE**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>
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- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Food storage and preparation areas (pantries, cupboards, freezers, stoves, microwaves, refrigerators, and counters) are clean. 80076(a)(13)(17) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. There are no pesticides or toxins (ant spray, rodent poison) stored in any food storage or preparation room or with utensils. 80076(a)(15)      |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Cleaning supplies are kept in areas separate from food supplies. 80076(a)(16)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Contaminated or spoiled food is discarded. 80076(a)(18)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Food supplies are kept covered and inaccessible to pests. 80076(a)(14)(18)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Frozen foods are properly wrapped or stored in an appropriate container. 80076(a)(1)(18)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Trash can has tight fitting cover. 80088(f)(1)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Refrigerator is 45 degrees Fahrenheit. 80076(a)(14)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Menus are prepared one week in advance. Copies of menus as served are dated and kept on file for at least 30 days. 80076(a)(5)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Snacks and beverages are available in the facility for clients. 80076(a)(4)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Dishes, glasses and utensils are clean and in good condition (no cracks or chips). 80076(a)(19)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Modified diets are provided as needed. 80076(a)(6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Powdered milk is not used as a beverage. 80076(a)(9)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Clients in care less than eight hours are provided meals and snacks so that no more than 3 1/2 hours elapse between food service. 82076(b)     |

## **FOOD SERVICE**

(Continued)

<b><u>MET</u></b>	<b><u>NOT MET</u></b>	
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Clients in care for eight hours or more receive a mid-morning snack, lunch and a mid-afternoon snack. 82076(c)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. All foods are selected, stored, prepared and served in a safe and healthful manner. (e.g., frozen food should be thawed in the refrigerator or under cold running water and not at room temperature) 80076(a)(1)(7)(13) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. * Food supplies are dated and rotated to use old items first.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. * Food to prepare items on the menu is in the facility.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. * Freezer is 0 degrees Fahrenheit.  |

## **CASH HANDLING/PERSONAL PROPERTY**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>	
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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Clients' cash records are current. 80026(h)                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Clients' cash records balance with cash being safeguarded. 80026(h)         |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Surety bond (LIC 402) is sufficient for amount of cash handled. 80025(b)(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Personal property list is updated with additions and deletions. 80026(h)    |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Loans to clients are documented. 80026(e)(1)(A)                             |

## **CLIENT OBSERVATION**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>	
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Staff are familiar with the information in the clients' needs and services plans. 80065(a)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Care staff regularly observe each client to ensure that each client's physical, mental, emotional and social needs are met. 82078(a)(1)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Staff inspect clients daily for obvious signs of illness and do not accept them unless they are separated from other clients. 82075.1(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. There is an overlap of staff at each shift change. 82065(b)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. There is at least one staff member providing care and supervision for each 15 clients. 82065.5(a)  |

## **CLIENT RECORDS**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>
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|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.   | Clients' records are not accessible to unauthorized persons. 80070(c)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.   | Client records are separate, complete and contain required records and information for each client. 80070(a)(b)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.   | Information in client files is updated as needed. 80070(a)(e)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.   | Needs and services plans are developed for each client and are updated at least annually or more often if needed. 80068.3, 82068.2 (a)(b)(c), 82068.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Copies of any exceptions for clients are on file.   |

## **STAFF RECORDS**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>
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- |                          |                          |      |   |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.   | Employee files contain all required records and information and are available to the licensing agency for review. 80066(a-e)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.   | Items that expire (first aid, driver's license, and water safety certificate) are updated. 80065(e)(2), 80074(a), 80075(i)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.   | Fingerprints (including FBI) are submitted prior to employment or initial presence in the facility for all adults, other than clients, who are 18 years of age or older. 80019(d) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | Continuing education and training are documented.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Exceptions/exemptions are maintained in file.   |

## **ADMINISTRATION**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>
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|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.   | License is posted in a prominent location. (Facilities licensed for six or fewer must make license available for review upon request.) 82009(a)(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.   | The facility has a disaster and mass casualty plan of action. 80023(a)(b)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.   | Disaster drills are conducted at least every six months and records of drills are maintained at the facility for at least one year. 80023(d)       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.   | Current client roster (LIC 9020) is available to licensing staff. 80071  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Emergency exiting plan and emergency phone numbers are posted.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * | Waivers are maintained on file.  |

## **INCIDENT REPORTING**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>
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- |                          |                          |      |  |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.   | Reportable incidents/deaths are reported by telephone to Licensing by the next working day. 80061(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.   | Written incident reports (LIC 624/624a) are sent to Licensing within seven (7) days. 80061(b)        |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.   | Incidents are reported to the client's authorized representative. 80061(e)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | All administrative and care staff are trained in the requirements of incident reporting.             |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Administrator has reviewed incident reports and taken any corrective action necessary.               |

## **ACTIVITIES**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>
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- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Equipment and supplies are available for activities. 82088(e)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Activities available include: daily living skills, physical activities, leisure and educational activities. 82079(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Rest periods are provided based on client's medical assessments or as desired by the client. 82079(b)                |

## **MISCELLANEOUS**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>
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- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Vehicles used to transport clients are maintained in safe operating condition. 80074(c)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Non-fingerprint cleared persons (friends, family, volunteers, and neighbors) are not used as staff and do not provide direct client care and supervision. 80019(a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The facility is equipped with first aid supplies (sterile first aid dressings, bandages, adhesive tapes, scissors, tweezers, thermometer, antiseptic solution) and a current first aid manual. 80075(j)(1)(A-H) |